

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-019472
STATE FILE NUMBER

Registration District No. 23 Primary Registration District No. 3015 Registrar's No. 34
FILED MAY 21 1963

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0251

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Clinton.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cameron.		c. CITY OR TOWN Cameron.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cameron. Hospital		d. STREET ADDRESS (If outside, give location) N. Chestnut, St.	
3. NAME OF DECEASED (Type or print) First Mary Middle Lucy Last Sloan.		4. DATE OF DEATH Month May. Day 15. Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb. 3. 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and state or country) Kentucky.		12. CITIZEN OF WHAT COUNTRY U. S. A	
13a. FATHER'S NAME George W. Sloan		13b. MOTHER'S MAIDEN NAME Leana Standfield.	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	
16. INFORMANT Mrs Pauline Barnes. Kingston		17. ADDRESS N. MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Emasiation & debilitation DUE TO (b) Metastatic Carcinoma DUE TO (c) Primary Adenocarcinoma of sigmoid		INTERVAL BETWEEN ONSET AND DEATH 3 Mo. 3 Mo. 6 Mo.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year <input type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 5-8-63 to 5-15-63 and last saw her alive on 5-15-63		Death occurred at 8.30 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22. SIGNATURE J. L. Campbell		22b. ADDRESS Cameron, Mo	
22c. DATE SIGNED 5-17-63		22d. NAME OF CEMETERY OR CREMATORY Mirable Cemetery	
22e. LOCATION (City, town, or county) Mirable, Mo.		22f. STATE Mo.	
23. FUNERAL DIRECTOR DeMoss Crunk.		23b. ADDRESS Cameron, Mo.	
23c. DATE RECD. BY LOCAL REG. May 18 1963		23d. REGISTRAR'S SIGNATURE Francis D. Crawford	

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

DeMoss Crunk.

DeMoss Crunk

Licensed Embalmer No. **2533.**

P. O. Address **Cameron. Mo.**

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.